

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

09154865

FEE AMOUNTS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	/		/			
4	/		/			
5	/	8	/			
6	8	8	/			
7	8	8	/			
8	8	8	/			
9	8	8	/			
10	/	1	/			
11	1		1			
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			4			
TOTAL CLAIMS			11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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